

DEPARTMENT OF NATURAL RESOURCES AGREEMENT FOR VOLUNTARY SERVICES

SECTION ONE (TO BE COMPLETED BY VOLUNTEER)

NAME (Print or Type) _____

CONTACT ADDRESS _____
Street number

City

State

Zip

Telephone

1. I have reviewed the description of work to be performed and amount of time required (see attached Work Description).
2. I agree that all of the work that I perform under this agreement will be noncompensable; except for pre-approved compensation for **actual** expenses.
3. I understand that either the Department or I may cancel this agreement at any time by notifying the other party.
4. I give my permission for free use of my name, voice and picture in any media coverage of my volunteer service.
5. I hereby declare, to the best of my knowledge, I am in good physical health. I also understand the activities I will be performing may be physically demanding (see attached Work Description).
6. I understand that, if I am injured or involved in an accident while providing volunteer services to the Department, Worker's Compensation Fund will only pay the actual and necessary medical expenses I incur in the treatment of an injury. Other expenses such as lost work time, equipment, clothing, etc., will not be covered by insurance.
7. I understand I may be subject to a criminal record check or other background investigation.

I hereby volunteer my services, as described in the Work Description, to assist the Department of Natural Resources in its authorized work.

Signature of Volunteer

Date

Approval Signature of Parent/guardian if under 18

Date

SECTION TWO

(To be completed by the Department of Natural Resources)

While this agreement is in effect, the Department of Natural Resources agrees to:

1. Accept you as a State volunteer and recognize your rights under UCA 63-34 (9) (10) (11) (12).
2. Authorize you to work as a volunteer according to the attached Work Description.
3. Reimburse your pre-approved actual volunteer related expenses; to the extent funds are available.
4. When applicable, authorize you to ride in, or operate a State motor vehicle. (A copy of valid Utah driver's license shall be attached to the Work Description form if the volunteer will be authorized to drive a vehicle while performing volunteer services.)

As the supervisor, I understand that should an injury occur to an individual while in a volunteer status, a "First Report of Injury" form must be completed and submitted to the Human Resource Office.

	Hunter Education Coordinator	
<i>Supervisor Signature</i>	<i>Title</i>	<i>Date</i>
		5036
<i>Print name and location of work site (Division/Office/Park/Facility)</i>		<i>Low Org</i>

I grant authorization to utilize the services of the volunteer as noted in the work description.

<i>DNR Executive (or designee) Signature</i>	<i>Date</i>

For myself and as the authorized representative of the agency chief executive.

<i>Director, Human Resources</i>	<i>Date</i>

